



## INITIAL TRAINEE INTERVIEW

Name: \_\_\_\_\_ Date of interview: \_\_\_\_\_  
First Last

Sex: ☐ Male ☐ Female

Age: ☐ 18 – 24 ☐ 25 – 34 ☐ 35 – 50 ☐ 50+

Ethnicity: ☐ White ☐ African American ☐ Native American ☐ Hispanic ☐ Other: \_\_\_\_\_

Classification per NCDOT records (from spreadsheet): \_\_\_\_\_

Training begin date: month \_\_\_\_\_ year \_\_\_\_\_

Hours Completed: ☐ 0 – 250 ☐ 251 – 500 ☐ 501 – 750 ☐ 751 – 1000 ☐ 1001 – 1500 ☐ 1501-2050

Date: month \_\_\_\_\_ year \_\_\_\_\_

Length of time on the job: ☐ Less than 6 months ☐ 6 months or more

Contractor: \_\_\_\_\_

Name of your Supervisor: \_\_\_\_\_

Job Site: \_\_\_\_\_

1. How did you learn about the OJT Program?

Supervisor ☐ Human Resources ☐ Superintendent ☐ Foreman ☐  
Training Manager ☐ Safety Coordinator ☐ President ☐ Project Manager ☐

2. Prior to this time, have you ever been enrolled in an NCDOT sponsored OJT Program? ☐ Yes ☐ No

*If yes, please give classification and graduation status of each time* \_\_\_\_\_

3. Did you receive a copy of the training requirements associated with your job classification? ☐ Yes ☐ No

4. Did you receive a company orientation to the OJT Program? ☐ Yes ☐ No

Who gave you the orientation?

Supervisor ☐ Human Resources ☐ Superintendent ☐ Foreman ☐  
Training Manager ☐ Safety Coordinator ☐ Project Manager ☐ Other ☐

5. Do you have a mentor? ☐ Yes ☐ No

6. Does your supervisor or mentor give you feedback on your progress? ☐ Yes ☐ No

7. Does your supervisor or mentor give you support and encouragement while on the job? ☐ Yes ☐ No
8. Are you receiving enough time to learn the skills needed to do your job? ☐ Yes ☐ No
9. Is the safety training associated with your job classification satisfactory? ☐ Yes ☐ No
10. Are you aware that NCDOT is the manager of the OJT Program? ☐ Yes ☐ No
11. Are you aware that your progress is being monitored by NCDOT on a monthly basis? ☐ Yes ☐ No
12. Do you think it's important for you to meet with an OJT Program representative? ☐ Yes ☐ No

\*Which one is most important to you?

- To learn more about the benefits of the OJT Program ☐

or

-To confirm and validate the OJT Program ☐

13. Do you have any expectations from your employer? ☐ Yes ☐ No

\*Which one is the most important to you?

-Job Security ☐

-Pay Increase ☐

-Promotional Opportunities ☐

-Receiving a NCDOT OJT Certificate ☐

14. How long were you working with the contractor before you were enrolled in the OJT Program?

- ☐ 1 – 30 days
- ☐ 1 – 6 months
- ☐ 7 – 12 months
- ☐ One year or more

Trainee Signature: \_\_\_\_\_

OJT Representative: \_\_\_\_\_

OJT Program Representative Comments: \_\_\_\_\_